



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 35997-217704
In re Application of Robert Vincent Michael OERLEMANS		
Application Number 09/875,977		Filed June 8, 2001
For: METHOD AND DEVICE FOR MAKING INFORMATION CONTENTS OF A VOLATILE SEMICONDUCTOR MEMORY IRRETRIEVABLE		
Group Art Unit 2134	Examiner John E. ELMORE	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$120.00
☐ Two months (37 CFR 1.17(a)(2)) \$ _____
☐ Three months (37 CFR 1.17(a)(3)) \$ _____
☐ Four months (37 CFR 1.17(a)(4)) \$ _____
☐ Five months (37 CFR 1.17(a)(5)) \$ _____
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ .
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261 .
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 47,294 .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

December 29, 2005

01/03/2006 MBEYEN1 00000009 220261 Date 09/07/977

01 FC:1251

120.00 DA

Signature

Edward W. Yee, Reg. No. 47,294

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 120

Complete if Known

Application Number	09/875,977
Filing Date	June 8, 2001
First Named Inventor	Robert Vincent Michael OERLEMANS
Examiner Name	John E. ELMORE
Group / Art Unit	2134
Attorney Docket No.	35997-217704

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES				
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other Deposit Account						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Fee Code	Entity Fee(\$)	Small Fee Code	Entity Fee(\$)	Fee Description	Fee Paid	
1011	300	2011	150	Utility filing fee		
1012	200	2012	100	Design filing fee		
1013	200	2013	100	Plant filing fee		
1014	300	2014	150	Reissue filing fee		
1005	200	2005	100	Provisional filing fee		
1081	250	2081	125	Utility App. Size Fee		
1082	250	2082	125	Design App Size Fee		
1083	250	2083	125	Plant App. Size Fee		
1084	250	2084	125	Reissue App Size Fee		
1085	250	2085	125	Prov. App Size Fee		
SUBTOTAL (1)					(\$0)	
2. EXTRA CLAIM FEES						
Total Claims		-20 **	=	Extra Claims	Fee from below	Fee Paid
Independent Claims		-3**	=			
Multiple Dependent						
Large Fee Code	Entity Fee(\$)	Small Fee Code	Entity Fee(\$)	Fee Description	Fee Paid	
1202	50	2202	25	Claims in excess of 20		
1201	200	2201	100	Independent claims in excess of 3		
1203	360	2204	180	Multiple dependent claim, if not paid		
1204	200	2204	100	** Reissue independent claims in excess of three		
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)					(\$)	
*Reduced by Basic Filing Fee Paid						
SUBTOTAL (3)					(\$120)	

SUBMITTED BY Complete (if applicable)

Name (Print/Type)	Thomas c. Schoeffler	Reg No. Attorney/Agent)	43,385	Telephone	202-344-4000
Signature		Date:	December 29, 2005		

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PC Docs No. ::ODMA\PCDOCS\DC2DOCS\1710909\1